

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only		
Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 96605/34PCT
International application No. PCT/US2005/001436	International filing date (day/month/year) 14/01/2005 (Jan. 14 2005)	(Earliest) Priority date (day/month/year) Jan 16 2004 (01/16/04)
Title of invention Methods and Apparatuses For Medical Imaging		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) The University of Houston System The University of Houston Associate General Counsel; Office of IP Management 316 E. Cullen Building Houston, TX 77204-2015		Telephone No. 713. 743. 3754
		Facsimile No. 713.743. 9956
		Teleprinter No. n/a
		Applicant's registration No. with the Office
State (that is, country) of nationality: US		State (that is, country) of residence: Us
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Naghavi, Morteza AEHA 2472 Bolsover, No. 439 Houston, TX 77005 United States of America		
State (that is, country) of nationality: US		State (that is, country) of residence: US
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Kakadiaris, Ioannis A. 4434 Lula Bellaire, TX 77401 United States of America		
State (that is, country) of nationality: US		State (that is, country) of residence: US
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Sheet No. . . .

International application No.

PCT/US2005/001436

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

☐

Further applicants are indicated on another continuation sheet.

Sheet No. . . .

International application No.
PCT/US2005/001436

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Strozier, Rober W.
PO Box 429
Bellaire, TX 77402
United States of America

Telephone No.
713. 977 . 7000

Facsimile No.
713. 977. 7011

Teleprinter No.
n/a

Agent's registration No. with the Office
34,024

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☒ as originally filed
☐ as amended under Article 34

the claims ☒ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☒ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d)).

4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: Englishe

☒ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US2005/001436	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference 96605/34PCT	Date stamp of the IPEA	
Applicant The University of Houston System		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	750.00	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">P</div>
2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i>	172.00	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"> 922.00 </div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"> TOTAL </div>	
MODE OF PAYMENT		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ <u>US</u>	
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: 501518	
	Date: July 7, 2005	
	Name: Robert W. Strozler	
	Signature: 	